



*DAW*  
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Docket No.: 12810-00139-US  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:  
Torgny Näsholm et al.

Patent No.: 7,105,349

Issued: September 12, 2006

For: SELECTIVE PLANT GROWTH USING D-AMINO ACIDS

Confirmation No.: 5255

Art Unit: 1638

Examiner: Cathy K. Worley

**REQUEST FOR CERTIFICATE OF CORRECTION  
PURSUANT TO 37 CFR § 1.323**

Attention: MS Petitions  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Upon reviewing the above-identified patent, Patentee noted a typographical error which should be corrected.

On the Front Page:

Item (73), "Assignee", inadvertently lists "Plant Science GmbH, (DE); Swetree Technologies AB, (SE)". The correct Assignee should read -- BASF Plant Science GmbH, (DE); SweTree Technologies AB, (SE) --

The failure to include the correct assignee name on the PTOL-85B was inadvertent. Enclosed herewith is a Request for Reconsideration Under 37 CFR § 3.81(b) with the corresponding fee authorization.

05/15/2007 MGE BREM1 00000042 032775 7105349  
01 FC:1011 100.00 DA

In the Claims:


In Claim 20, column 30, line 23, "20. A plant comprising the plant cell of claim 18." should read -- 20. A plant comprising the plant cell of claim 19.--

The errors in the claims are printer errors (see claims in the amendment filed February 22, 2006). The errors were not in the application as filed by Applicants.

Transmitted herewith is a proposed Certificate of Correction effecting such amendments. Patentees respectfully solicit the granting of the requested Certificate of Correction.

Accompanying this request is a Fee Transmittal authorizing the payment of the fees set forth in 37 CFR §§ 1.20(a) and 1.17(i) as indicated on the enclosed Request for Reconsideration Under 37 CFR § 3.81(b). If any additional fees are due, the Director is hereby authorized to charge our Deposit Account No. 03-2775, under Order No. 12810-00139-US from which the undersigned is authorized to draw.

Respectfully submitted,

By   
Roberte M. D. Makowski, Ph.D.

Registration No.: 55,421

CONNOLLY BOVE LODGE & HUTZ LLP

1007 North Orange Street

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Wilmington, Delaware 19899

(302) 658-9141

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Attorney for Patentees

**UNITED STATES PATENT AND TRADEMARK OFFICE  
CERTIFICATE OF CORRECTION**Page 1 of 1

PATENT NO. : 7,105,349  
APPLICATION NO. : 10/500,377  
ISSUE DATE : September 12, 2006  
INVENTOR(S) : Torgny Näsholm et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

**On the Front Page:**

Item (73), Assignees, "Plant Science GmbH, (DE); Swetree Technologies AB, (SE)"  
should read -- BASF Plant Science GmbH, (DE); SweTree Technologies AB, (SE) --

**In the Claims:**

In Claim 20, column 30, line 23, "20. A plant comprising the plant cell of claim 18."  
should read -- 20. A plant comprising the plant cell of claim 19.--

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Roberte M. D. Makowski, Ph.D.  
CONNOLLY BOVE LODGE & HUTZ LLP  
1007 North Orange Street  
P.O. Box 2207  
Wilmington, Delaware 19899

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PTO/SB/92 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/500,377

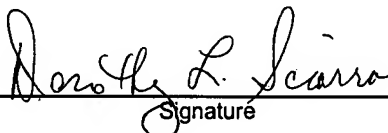
Attorney Docket No.: 12810-00139-US

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

MS Petitions  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on May 10, 2007  
Date

  
Signature

Dorothy L. Sciarra

Typed or printed name of person signing Certificate

Registration Number, if applicable

(302) 658-9141  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Request for Reconsideration Under 37 CFR Section 3.81(b) (4 pages)  
Request for Certificate of Correction Pursuant to 37 CFR Section 1.323 (3 pages)  
Fee Transmittal for FY 2007 (1 page)  
Charge \$230.00 to deposit account 03-2775  
Postcard



Docket No.: 12810-00139-US  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Letters Patent of:  
Torgny Näsholm et al.

Confirmation No.: 5255

Patent No.: 7,105,349

Art Unit: 1638

Issued: September 12, 2006

Examiner: Cathy K. Worley

For: SELECTIVE PLANT GROWTH USING D-AMINO ACIDS

**REQUEST FOR RECONSIDERATION UNDER 37 CFR § 3.81(b)**

Attention: MS Petitions  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Further to the Decision on Petition mailed April 13, 2007, Applicants respectfully petition pursuant to 37 CFR 3.81(b) the granting of the requested Certificate of Correction.

Upon reviewing the above-identified patent, Patentee noted a typographical error which should be corrected.

On the Front Page:

Item (73), "Assignee", inadvertently lists "Plant Science GmbH, (DE); Swetree Technologies AB, (SE)" The correct Assignee should read -- BASF Plant Science GmbH, (DE); SweTree Technologies AB, (SE) -- The failure to include the correct assignee name on the PTOL-85B was inadvertent.

05/15/2007 MGE BREN1 00000042 032775 7105349

02 FC:1464 130.00 DA

The error originated on the Issue Fee Transmittal as filed by Applicants on June 23, 2006. The Recordation of Assignment Document was recorded June 30, 2004 on Reel/Frame 016066/0439, before the issuance of the patent, a copy of which is included.

The error now sought to be corrected is an inadvertent typographical error the correction of which does not involve new matter or require reexamination.

Transmitted herewith is a Request for a Certificate of Correction under § 1.323 and a proposed Certificate of Correction effecting such amendment and an amendment to the claims due to a printer error.

Please charge our Deposit Account No. 03-2775 in the amount of \$100.00 covering the fee set forth in 37 CFR § 1.20(a), and \$130.00 covering the fee set forth in 37 CFR § 1.17(i) or for any other fee that might be due. If any additional fees are due, the Director is hereby authorized to charge our Deposit Account No. 03-2775, under Order No. 12810-00139-US from which the undersigned is authorized to draw.

Patentees respectfully submit that all the requirements under 37 CFR § 3.81(b) have been met and solicit the granting of the requested Certificate of Correction. Furthermore Applicants are submitting the Request for Reconsideration within the two month period for response to and including June 13, 2007 set forth in the Decision on Petition mailed April 13, 2007.

Respectfully submitted,

By 

Roberte M. D. Makowski, Ph.D.

Registration No.: 55,421

CONNOLLY BOVE LODGE & HUTZ LLP

1007 North Orange Street

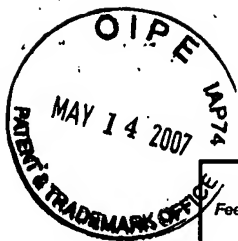
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Attorney for Patentees



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|                                                                                                                   |                     |                          |                            |
|-------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|----------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |                     | <b>Complete if Known</b> |                            |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b>                                                                      |                     | Application Number       | Patent#: 7,105,349         |
|                                                                                                                   |                     | Filing Date              | Issued: September 12, 2006 |
|                                                                                                                   |                     | First Named Inventor     | Torgny Näsholm             |
|                                                                                                                   |                     | Examiner Name            | C. K. Worley               |
|                                                                                                                   |                     | Art Unit                 | 1638                       |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    | Attorney Docket No. | 12810-00139-US           |                            |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                                                                    | <b>(\$)</b> 230.00  |                          |                            |

|                                                                                                             |                                                                                      |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT (check all that apply)</b>                                                             |                                                                                      |
| <input type="checkbox"/> Check                                                                              | <input type="checkbox"/> Credit Card                                                 |
| <input type="checkbox"/> Money Order                                                                        | <input type="checkbox"/> None                                                        |
| <input type="checkbox"/> Other (please identify): _____                                                     |                                                                                      |
| <input checked="" type="checkbox"/> Deposit Account                                                         | Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)      |                                                                                      |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                                           | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee    |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                          |

|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                                  |                         |                              |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------------------|----------------------------------|-------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                                |                                  |                         |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                     |                                                         |                                |                                  |                         |                              |                       |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b>  |                                                         | <b>SEARCH FEES</b>             |                                  | <b>EXAMINATION FEES</b> |                              |                       |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>                | <b>Small Entity Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> | <b>Fees Paid (\$)</b> |
| Utility                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                            | 250                              | 200                     | 100                          |                       |
| Design                                                                                                                                                                                                                                                                                                            | 200                 | 100                                                     | 100                            | 50                               | 130                     | 65                           |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 200                 | 100                                                     | 300                            | 150                              | 160                     | 80                           |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                            | 250                              | 600                     | 300                          |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                 | 100                                                     | 0                              | 0                                | 0                       | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                     |                                                         |                                |                                  |                         |                              |                       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                                  |                         | <b>Small Entity</b>          |                       |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                                |                                  |                         | <b>Fee (\$)</b>              | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                     |                                                         |                                |                                  |                         | 50                           | 25                    |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                     |                                                         |                                |                                  |                         | 200                          | 100                   |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                     |                                                         |                                |                                  |                         | 360                          | 180                   |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               | <b>Extra Claims</b> | <b>Fee (\$)</b>                                         | <b>Fee Paid (\$)</b>           | <b>Multiple Dependent Claims</b> |                         |                              |                       |
| 38                                                                                                                                                                                                                                                                                                                | - 38 =              | x                                                       | =                              | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>    |                              |                       |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |                     |                                                         |                                |                                  |                         |                              |                       |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              | <b>Extra Claims</b> | <b>Fee (\$)</b>                                         | <b>Fee Paid (\$)</b>           |                                  |                         |                              |                       |
| 5                                                                                                                                                                                                                                                                                                                 | - 5 =               | x                                                       | =                              |                                  |                         |                              |                       |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |                     |                                                         |                                |                                  |                         |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                     |                                                         |                                |                                  |                         |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                                                         |                                |                                  |                         |                              |                       |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b>             |                         |                              |                       |
|                                                                                                                                                                                                                                                                                                                   | - 100 =             | /50 =                                                   | (round up to a whole number) x | =                                |                         |                              |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                                |                                  |                         |                              |                       |
| Processing fee set forth in 37 CFR § 1.17(i)                                                                                                                                                                                                                                                                      |                     |                                                         |                                |                                  |                         | <b>Fees Paid (\$)</b>        |                       |
| Other (e.g., late filing surcharge): 1811 Certificate of correction                                                                                                                                                                                                                                               |                     |                                                         |                                |                                  |                         | 130.00                       |                       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                                  |                         | 100.00                       |                       |

|                     |                               |                                   |                |
|---------------------|-------------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                               |                                   |                |
| Signature           |                               | Registration No. (Attorney/Agent) | 55,421         |
| Name (Print/Type)   | Roberte M. D. Makowski, Ph.D. | Telephone                         | (302) 658-9141 |
|                     |                               | Date                              | May 10, 2007   |